

# EMS TRAINING COURSE ROSTER

USE THIS ROSTER FOR ALL CATEGORIES OF EMS TRAINING (except non-reportable Continuing Education Courses).  
A separate roster is required for each course.



INITIAL

FINAL

AMENDED

**COURSE INFORMATION \*\*\*\*Any changes made since the initial CAN application will require a Course Modification Form\*\*\*\***

CAN		Course		Course Location		Site Code
Session	Start Date	End Date	Course Final Exam	National Registry Psychomotor Exam (EMR/EMT only)		
Days:			Date:	Date:		
Times:			Location:	Location:		

**INSTRUCTOR INFORMATION:**

Name	Inst. License #	Email Address	Phone number

Medical Director's Name	Phone number

**STUDENT ROSTER – List in Alphabetical Order by Last Name**

#	Name (Last, First, MI)	Full Social Security # or OK EMS license # if already licensed	Contact Info (Email or Phone #)	Status (Pass, Fail, Incomplete, W/D)
1				
2				
3				
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7				
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11				
12				
13				
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16				
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Number Enrolled:	Number Completed:
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I hereby verify that the above statements are true and correct to the best of my knowledge.

Printed name of EMS Instructor: \_\_\_\_\_

Signature of EMS Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

**EMS TRAINING COURSE ROSTER (continued)**

**Course Authorization Number** \_\_\_\_\_

#	Name(Last, First, MI)	Full Social Security # or OK EMS license # if already licensed	Contact Info (email or Phone #)	Status (Pass, Fail, Incomplete, W/D)
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I hereby verify that the above statements are true and correct to the best of my knowledge.

Printed name of EMS Instructor: \_\_\_\_\_

Signature of EMS Instructor: \_\_\_\_\_ Date: \_\_\_\_\_